

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 508739

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5		1				
6	1					
7	1					
8		1				
9		1				
10	1					
11		4				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		1				
21		1				
22	1					
23		1				
24		2				
25	1					
26	1	1				
27						
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49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	22	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						